FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

				[Please read ir	nstructions bef	ore completi	ng and for No	tice regarding (public burde:	n.]						
SECTION 1 - General Informa	tion													,			
Name and Mailing Address of Respondent WEST LIBERTY TELEPHONE COMPANY 413 N CALHOUN ST WEST LIBERTY, IA 52776														Check here if this is a change of address.			
2. Year Report Filed 2017			Period Co	Period (Endi overed by Rep 1/2017	ing Date of Pa port)	зу		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. ☐ Fewer than 16 (complete Sections I, IV, and V only) b. ☑ 16 or more (complete att sections)									
SECTION II - Full-Time Emplo	yees.								`	·	<u> </u>						
		Number of Employees (Report employees in only one category)															
Job			Race/Ethnicity														
Categories		Hispa			Not-Hispanic or Latino Tot												
		Lat	tino			Ma	ale						Columns A - N				
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	ì	
		Α	В	С	D	E	F	G	н	I	J	к	L	м	N	О	
Executive/Senior Level Officials and Managers	1.1		:	2												2	
First/Mid-Level Officials and Managers	1.2			1						1						2	
Professionals	2															0	
Technicians	3			5						1						6	
Sales Workers	4															0	
Administrative Support Workers	5		1	1						2						4	
Craft Workers	6		±	1											·	1	
Operatives	7			1												1	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	1	11	0	0	0	0	0	4	0	0	0	0	0	16	
PREVIOUS YEAR TOTAL	11	0	ı	13	0	0	0	0	0	5	0	0	0	0	0	19	

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SECTION III - Part-Time Emp		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories	Hispanic or Latino			Not-Hispanic or Łatino													
	ŀ	La	uno	Male									Female				
		Male	Female	While	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2			1												1	
Professionals	2				ļ											0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9										<u> </u>					0	
TOTAL	10	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
PREVIOUS YEAR TOTAL	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SECTION IV - Report of Disc	rimin	ation Comp	laints Pursu	ant to 47 CF	R 22.321, 23.	55, 90.168, 10	1.4, and 101	.311.									
This is to advise company before This is to advise (Attach a list indi	any b the Co	ody having c ommission th	ompetent juri: nat the followi	sdiction in suc ng complaints	ch matters du s alleging viola	ring the calend ations of the p	far year cove ovisions of a	ered by this re any equal emp	port. Iloyment oppo	riunity statut	e have been f	iled against thi	is company.				
SECTION V - Certification											<u></u>						
I certify that to the best of my Date			ation, and bel Name of Per	•	ents in this re	port are true a							Telephone	No	*		
03/08/2018	1 **		MELIC				Signature	m L	- D	1/6	re le			627-214	5		
Title of Person Signing PRESIDENT					OF ANY ST	FALSE STA	EMENTS W	IADE ON THI	S FORM ARE I PERMIT (47	PUNISHABI U.S.C. 312 (LE BY FINE A A)(1) AND/OF	ND/OR IMPRI R FORFEITUR	SONMENT (E (47 U.S.C	(18 U.S.C. 100 . 503).	01) AND/OR R	REVOCATIO	